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Bib Data Sheet

CONFIRMATION NO. 7242

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/939,863 | FILING DATE 08/27/2001 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. Praxis-3 | |
| APPLICANTS Michael Milbocker, Holliston, MA; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/692,963 10/20/2000 <i>Lacyk ; case transferred to us from AU3136</i> ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/11/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MA | SHEETS DRAWING 7 | TOTAL CLAIMS 27 | INDEPENDENT CLAIMS 7 |
| ADDRESS Donald N. Halgren 35 Central Street Manchester, MA 01944 | | | | | |
| TITLE Surgical repair of tissue defects | | | | | |
| FILING FEE RECEIVED 578 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |